MEETING:	**SPECIAL MEETING OF THE VILLAGE BOARD**
DATE AND TIME:	**Monday, June 26, 2023 7:00 PM**
LOCATION:	**Germantown Village Hall Board Room N112 W17001 Mequon Road**

NOTICE: Pursuant to the recommendations of the Centers for Disease Control and Prevention concerning the prevention of COVID-19 infections, any member of the body and/or citizen may also attend the meeting virtually through the WebEx platform. Meeting link:**https://villageofgermantown.my.webex.com/villageofgermantown.my/j.php?MTID=m971380266997b81f766ecc1a9f707237**
Meeting password **JbymWNEu359**
Join by video system **25530397273@villageofgermantown.my.webex.com**
Join by phone **+1-408-418-9388** Meeting number **2553 039 7273**

Citizens not wishing to attend the meeting personally or virtually may submit any public comments by sending an email to comments@germantownwi.gov by 4 p.m. on the day of the meeting so that it can be provided to the members of the body for their consideration. All written comments will be entered into the record as if given at the hearing / meeting and made available to the members of the Village Board for consideration but may not be read during the hearing / meeting.

Previously recorded Village Board Meeting Videos can be viewed at **https://www.youtube.com/channel/UCOYp0EgELzTCa9X_iCohyhQ.**

AGENDA

I. **CALL TO ORDER:** *This meeting has been given public notice in accordance with Section 19.83 and 19.84, Wis. Stats, in such form that will apprise the general public and news media of subject matter that is intended for consideration and action.*

II. **ROLL CALL:**

III. **PLEDGE OF ALLEGIANCE:**

IV. **PRESIDENT'S REPORT:**

V. **ANNOUNCEMENTS OF FORTHCOMING EVENTS OF PUBLIC INTEREST COMMITTEE AND DEPARTMENT REPORTS:**

VI. **CITIZEN INPUT:**

VII. **CONSENT AGENDA:**

A. Cracker Barrel Class B Combo License Application

B. A Kid at Heart Class B Beer/Wine Application

C. 4th of July Fire Works Permit Application

D. 4th of July Parade Application

VIII. **NEW BUSINESS:**

A. Cancellation of July 3rd, 2023 Village Board Meeting

B. Development Agreement with Sterling Pharma Solutions. The Village Board may go into closed session as per Wis. Stat. 19.85(1)(e) for the purpose of deliberating or negotiating, when competitive or bargaining reasons require a closed session, and then re-enter open session to take such action as it deems appropriate.

IX. **CLOSED SESSION:**

X. **ADJOURNMENT:**

UPON REASONABLE NOTICE, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For Additional information or to request this service please contact the Village Clerk at (262)250-4740 at least 2 days prior to the meeting.

BUSINESS OF THE VILLAGE BOARD

MEETING DATE: June 26, 2023

PLACEMENT: Action Item

ITEM TITLE: Cracker Barrel Class B Combo License Application

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Cracker barrel approval

RECOMMENDATION:

ACTION BY Committee:

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 07 01 2023 *(mm dd yyyy)* ending: 06 30 2024 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☑ Village of ☐ City of GERMANTOWN

County of WASHINGTON Aldermanic Dist. No. _____ (if required by ordinance)

Check one: ☐ Individual ☐ Partnership ☐ Limited Liability Company ☑ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number 456000027985904	
FEIN Number 62-0812904	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☑ Class B beer	$ 100
☑ Class C wine	$ 100
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 20
TOTAL FEE	$ 220

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
CRACKER BARREL OLD COUNTRY STORE, INC.	305 HARTMANN DRIVE, LEBANON, TN 37087

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
12/15/77 LOVELACE	DEJUAN	A.	10103 WEST JONEN ST, MILWAUKEE, WI 53224

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
8/25/58 COCHRAN	SANDRA	BROPHY	4501 HARPETH HILLS DR, NASHVILLE, TN 37215
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
8/18/66 WOLFSON	RICHARD	MICHAEL	4012 COPELAND DR, NASHVILLE, TN 37215
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
01/07/80 JACOBS	KARA	STRATTON	922 MONTROSE AVE, NASHVILLE, TN 37204
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name CRACKER BARREL #175 Business Phone Number 262.253.4188
2. Address of Premises W176N9778 RIVERCREST DRIVE Post Office & Zip Code GERMANTOWN, WI 53022
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes ☑ ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) SEE ATTACHED RESPONSE

5. Legal description (omit if street address is given on previous page): SEE ABOVE

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☑ No

   b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☑ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☑ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☑ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☑ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☑ No

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☑ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
WOLFSON, RICHARD M.	SECRETARY	06/07/2023
Signature	Phone Number	Email Address
	615.444.5533	SEE ATTACHED RESPONSE

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Application Supplemental Response(s)

Response for Section C, #4:

Alcohol is stored in a separate dedicated cooler installed to hold alcoholic beverages, along with a walk-in cooler, and dry storage area for wine. The store's alcohol license is prominently displayed in the restaurant, and records related to the sale(s) of alcohol are kept in a binder in the store's office inside store building as well as at the corporation's corporate office in Lebanon, Tennessee.

Email Address:

alcohollicensing@crackerbarrel.com

Congratulations!

You have successfully completed the ServSafe Alcohol® Responsible Alcohol Service Training and Certificate Program. This is your official ServSafe Alcohol Certification Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at **ServSafe.com**.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,

Sherman Brown

Sherman Brown
Senior Vice President, National Restaurant Association Solutions

ID # 20366219
CARD # 20678368

ServSafe
National Restaurant Association

ServSafe Alcohol® CERTIFICATE

DEJUAN LOVELACE

NAME

6/14/2021

DATE OF EXAMINATION

Card expires two years from the date of examination. Local laws apply.
Complies with WI State Stats. s.125.04(5)(a)5 & s.123.17(6) & s.134.66

This certificate confirms completion of the **ServSafe Alcohol®** responsible alcohol service program.

Sherman Brown
Senior Vice President, National Restaurant Association Solutions

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14102901 v.1402

In Alaska you must laminate your card for it to be valid.

NOTE: You can access your score and certification information anytime at [illegible] with the class number provided on this form.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at [illegible] or [illegible]

Form
AT-103

Alcohol Beverage License Application Supplemental Questionnaire

Date
06/09/23

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

Part A: Premises/Business Information

1. Registered Entity Name (or individual name if sole proprietor)
CRACKER BARREL OLD COUNTRY STORE, INC.

2. Trade Name or DBA
CRACKER BARREL #175

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Name (Last, First, M.I.)
LOVELACE, DEJUAN

2. Relationship to Registered Entity (Title)	3. Email	4. Phone
ASSOCIATE MANAGER	alcohollicensing@crackerbarrel.com	414-807-3499

5. Home Address
10103 WEST JONEN STREET

6. City	7. State	8. Zip Code	9. Date of Birth
MILWAUKEE	WI	53224	12/15/77

10. Drivers License/State ID Number	11. Drivers License/State ID State of Issuance
L 142-1617-7455-01	WISCONSIN

Part C: Address History

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1
10103 WEST JONEN STREET

Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
MILWAUKEE, WI 53224	10/2020 – Present

Previous Address 2
6570 North 70th Street

Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
Milwaukee, WI. 53225	05/2017 – 10/2020

Part D: Employment History

List in chronological order your last two employers within the last 5 years.

Employer's Name
CRACKER BARREL OLD COUNTRY STORE #175

Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
W176N9778 RIVERCREST DRIVE, GERMANTOWN, WI 53022	8/10/2020-PRESENT

Employer's Name
Bridgeman Foods Chuckys

Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
6733 West Brown Deer Road	1/15/2015 – 8/10/2020

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ..... ☒ Yes ☐ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Trial Date
Theft moveable property, Less than $2,500	1000 trial
Penalty Imposed	**Was sentence completed?** ☒ Yes ☐ No
Probation and Restitution	
Law/Ordinance Violated	**Trial Date**
Penalty Imposed	**Was sentence completed?** ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ..... ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. ..... ☒ Yes ☐ No

Illinois

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years	Months
	22	7

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. ☐ Yes ☒ No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date
[signature]	06/09/23

Form **AT-200**

Appointment of Successor Agent – Retail Licenses

Submit this form to your licensing authority with a $10 processing fee.

If there is a change in agent, each club, corporation, or limited liability company that holds a retail license to sell fermented malt beverages and/or intoxicating liquor must appoint a successor agent and have the appointment approved by the licensing authority pursuant to sec. 125.04(6), Wis. Stats. The following questions must be answered by the agent, and the appointment must be signed by an officer of the corporation/organization or one member of the limited liability company (only one signature is required).

Section 1: Licensee Information and Acknowledgement

Licensee Name

CRACKER BARREL OLD COUNTRY STORE, INC.

Reason for Cancellation of Appointed Agent

PREVIOUS AGENT NO LONGER EMPLOYED BY LICENSEE

The undersigned appoints DEJUAN LOVELACE as agent in accordance with sec. 125.04(6), Wis. Stats.

Signature of President / Member

6/9/2023
Date

Section 2: Agent Information and Acknowledgement

Agent Name

DEJUAN LOVELACE

Mailing Address	City or Post Office	State	Zip Code
10103 WEST JONEN STREET	MILWAUKEE	WI	53224

Agent Questions

	Yes	No
1. Are you of legal drinking age?	☑	☐
2. Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent?	☑	☐
3. Have you ever been convicted of a federal law violation?	☐	☑
4. Have you ever been convicted of a state law violation?	☑	☐
5. Have you ever been convicted of a local ordinance violation?	☐	☑
6. Have you completed the required responsible beverage server training course per sec. 125.04(5)(a)5, Wis. Stats.?	☑	☐

UNDER PENALTY OF LAW, I declare that my answers above are true and correct to the best of my knowledge and belief.

I hereby accept appointment as agent for CRACKER BARREL OLD COUNTRY STORE, INC. and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Signature of Agent

6/9/2023
Date

Section 3: Licensing Authority Approval

Municipality Name

Signature of Official

Date

Title of Official

BUSINESS OF THE VILLAGE BOARD

MEETING DATE: June 26, 2023

PLACEMENT: Action Item

ITEM TITLE: A Kid at Heart Class B Beer/Wine Application

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. A kid at heart

RECOMMENDATION:

ACTION BY Committee:

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 07/01/2023 (mm dd yyyy) ending: 6/30/2024 (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of _____

County of Washington Aldermanic Dist. No._____ (if required by ordinance)

Check one: ☐ Individual ☒ Limited Liability Company ☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: 456-1031098886-04	
FEIN Number: 88-0607474	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 20
TOTAL FEE	$

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
A Kid at Heart Playland LLC	W188N10707 Maple Rd

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Ortin	Elizabeth	R	W174N8901 Christopher Blvd Menomonee Falls WI 53051

11/01/79

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Ortin	Elizabeth	Renee	W174N8901 Christopher Blvd Menomonee Falls WI 53051
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name A Kid At Heart Playland LLC Business Phone Number 262 293-3046
2. Address of Premises W188N10707 Maple Rd Post Office & Zip Code Germantown, 53022
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 2300 sq ft commercial building. Alcohol will be stored in a 3 door cooler in the front of the building. Extra stock will be stored in an upstairs storage room. Records will be stored in a file cabinet located in the front of the building. Product will be consumed within the entire open concept floor of the leased space. including 2 party rooms, hallway to outside, green space for outdoor activities, front patio area of building.

AT-115 (R 5-19) Wisconsin Department of Revenue

5. Legal description (omit if street address is given on previous page): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . . ☐ Yes ☒ No

   b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** . . . . . ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** . . . . . ☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** . . . . . ☐ Yes ☒ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? . . . . . ☒ Yes ☐ No
   [phone (608) 266-2776]

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? . . . . . ☒ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? . . . . . ☐ Yes ☒ No

12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No
    (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
Elizabeth Ortin	owner	5/31/23
Signature	Phone Number	Email Address
[signature]	262-305-1444	akidatheartplayland@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 5-19)

ok
Pm 149
5/31/23

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder**: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   PENDING CHARGE _____ DATE _____

Village of Germantown

N112 W17001 Mequon Rd
Germantown, WI 53022
Clerk's Office 262-250-4740

Licensing Fee: $100
Investigation Fee: $ 7
Total Due: $107
Chapter 9.06(5) of the Municipal code

FIREWORKS USER PERMIT APPLICATION

Applicant First Name	M.I.	Last Name
celebrate germantown		myers

Address	City	State	Zip
n 115 w 20309 woodland dr.	germantown	wi.	53022

E-mail Address	Phone
myersd@wi.rr.com	262-853-8214

Driver's License Number: m620-1764-3098-03

Date of Birth	Race	Sex
3-18-1943	white	male

Location of Premises Where Discharge of Fireworks Will Occur: KENNEDY MIDDLE SCHOOL GROUNDS (N.)

Date Requested	Time
july 4 2023 or july 8 2023= ra	9:30 p.m.

Description of Fireworks to be Discharged:

Purchased From	Date
wolverine fireworks display inc.	5-15-23

Operator Who Will Discharge Fireworks:

First Name	M.I.	Last Name
Wolverine		

Address	City	State	Zip

Phone	Driver's License Number

Date of Birth	Race	Sex

Credentials:

INCLUDE THE FOLLOWING ATTACHMENTS WITH THE APPLICATION:

1. Copy of Certificate of Liability Insurance in the amount of $1,000,000 for bodily injury to any one person, in the amount of $5,000,000 for injury to more than one person and in the amount of $2,000,000 for damage to property that may arise by reason of use or discharge of fireworks under the permit. *The Village shall be named as one of the insureds in said policy of insurance.*
2. Letter from property owner authorizing use of property for the discharge of fireworks.

Signature of Applicant: Dennis Meyer

<table>
<tr><td colspan="4">VILLAGE OF GERMANTOWN ADMINISTRATIVE USE ONLY:</td></tr>
<tr><td>Police Chief Date Notified:
Approved or Denied (Circle One)
Date:</td><td colspan="3">Fire Chief Date Notified:
Approved or Denied (Circle One)
Date:</td></tr>
<tr><td>Village Board Meeting Date:
Approved or Denied (Circle One)</td><td>License Number</td><td>Date Effective</td><td>Clerk / Deputy Clerk</td></tr>
</table>

G:\Clerk\Forms\Fireworks Permit (7/2021)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/7/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
The Partners Group Ltd
1111 Lake Washington Blvd N.
Suite 400
Renton WA 98056

CONTACT NAME: Janet Nau
PHONE (A/C, No, Ext): 425-455-5640
FAX (A/C, No): 425-455-6727
E-MAIL ADDRESS: jnau@tpgrp.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Everest Indemnity Insurance Co	10851
INSURER B : Everest Denali Insurance Company	16044
INSURER C : Arch Specialty Insurance Company	21199
INSURER D :	
INSURER E :	
INSURER F :	

INSURED 14347
Wolverine Fireworks Display, Inc.
205 West Seidlers Road
Kawkawlin MI 48631

COVERAGES **CERTIFICATE NUMBER:** 1738081985 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY** X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT LOC	Y		SI8GL02099231	2/1/2023	2/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 500,000 $ Excluded $ 1,000,000 $ 2,000,000 $ 2,000,000
B	**AUTOMOBILE LIABILITY** X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			SI8CA00274231	2/1/2023	2/1/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
C	X **UMBRELLA LIAB** X OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $			UXP104806301	2/1/2023	2/1/2024	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
A	Excess Liability - Occurrence			SI8EX01908231	2/1/2023	2/1/2024	Each Occurrence Aggregate	$5,000,000 $5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The following are included as Additional Insured on General Liability as their interest may appear as respects operations performed by or on behalf of the Named Insured per form ECG 20592 0509 attached:
Show Date: 7/4/2023, RD 7/8/2023
Show Location: Fireman's Park- Park Ave, Germantown WI 53022
Additional Insured(s): Village of Germantown, Kiwanis Club of Germantown, Germantown School District, Kiwanis International, Celebrate Germantown WI

CERTIFICATE HOLDER

Celebrate Germantown WI
N112W17001 Mequon Road
Germantown WI 53022

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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PERMIT TO POSSESS AND DISPLAY FIREWORKS

Washington County WI State

July 4 2023

TO WHOM IT MAY CONCERN- GREETINGS:

Application having been made in accordance with the laws of the State of Wisconsin,

This permit is issued to Wolverine Fireworks Display, INC

Giving them the right to exhibit display fireworks on the _____ **day of** _____**, 2023,**

At Dusk **o'clock P.M. at** Village of Germantown - Fireman PARK **in said County,**
W162 N11870 PARK Avenue, Germantown WI 53022

In connection with July 4 **celebration.**

Rain Date (In the event of inclement weather): _____

WOLVERINE FIREWORKS DISPLAY, INC.
205 WEST SEIDLERS RD.
KAWKAWLIN, MI 48631
WISCONSIN DIVISION:
262-968-4178
gina@wolvdisplay.com

SHERIFF OR CHIEF OF FIRE DEPARTMENT

_____

BUSINESS OF THE VILLAGE BOARD

MEETING DATE: June 26, 2023

PLACEMENT: Action Item

ITEM TITLE: 4th of July Parade Application

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Parade Permit 4th of July

RECOMMENDATION:

ACTION BY Committee:

Village of Germantown

N112 W17001 Mequon Road
Germantown, WI 53022
Clerk's Office: 262-250-4740

PARADE PERMIT APPLICATION

Chapter 12.10 of the Municipal Code
Licensing Fee: $15.00

This application must be filed with the Village Clerk not less than 45 days before the date of the event. If the parade is designed to be held by, and on behalf of or for, any person other than the applicant, the applicant for such permit shall file with the Village Clerk a communication in writing from the person proposing to hold the parade authorizing the applicant to apply for the permit on his behalf.

Organization Sponsoring Event: Village of Germantown		
Phone Number of Organization Contact Person: 920-203-5402	Email Address of Organization Contact Person: phudson@germantownwi.gov	
Organization Address: N112W17001 Mequon Rd		
City: Germantown	State: WI	Zip Code: 53022
Person in Charge of Parade or Event: Phil Hudson	Phone Number of Person in Charge of Event: 920-203-5402	
Address: same		
City	State	Zip Code
Type of Event (Parade, Walk, Run, Etc): Parade		
Date of Event: 07/04/2023	Begin Time: 2:00 pm	End Time: 3:30 pm
Approximate number of persons, animals (include type) and vehicles (include description) participating: July 4th parade about 30 vehicles, bands, floats.		

Will parade or event occupy the entire street? Yes X No_____ If yes, explain: Route is blocked people will sit on both sides of street.
Assembly areas: Pilgrim Rd. from Mequon to Francese Dr.
Intervals to be maintained between parade units: 10 to 15 FT.

PARADE ROUTE: Indicate route of parade on the map of Germantown printed on the attached page. Show start (entry) and end (exit) points and indicate progress with arrows. Attach map of entire route if event is not limited to Germantown.

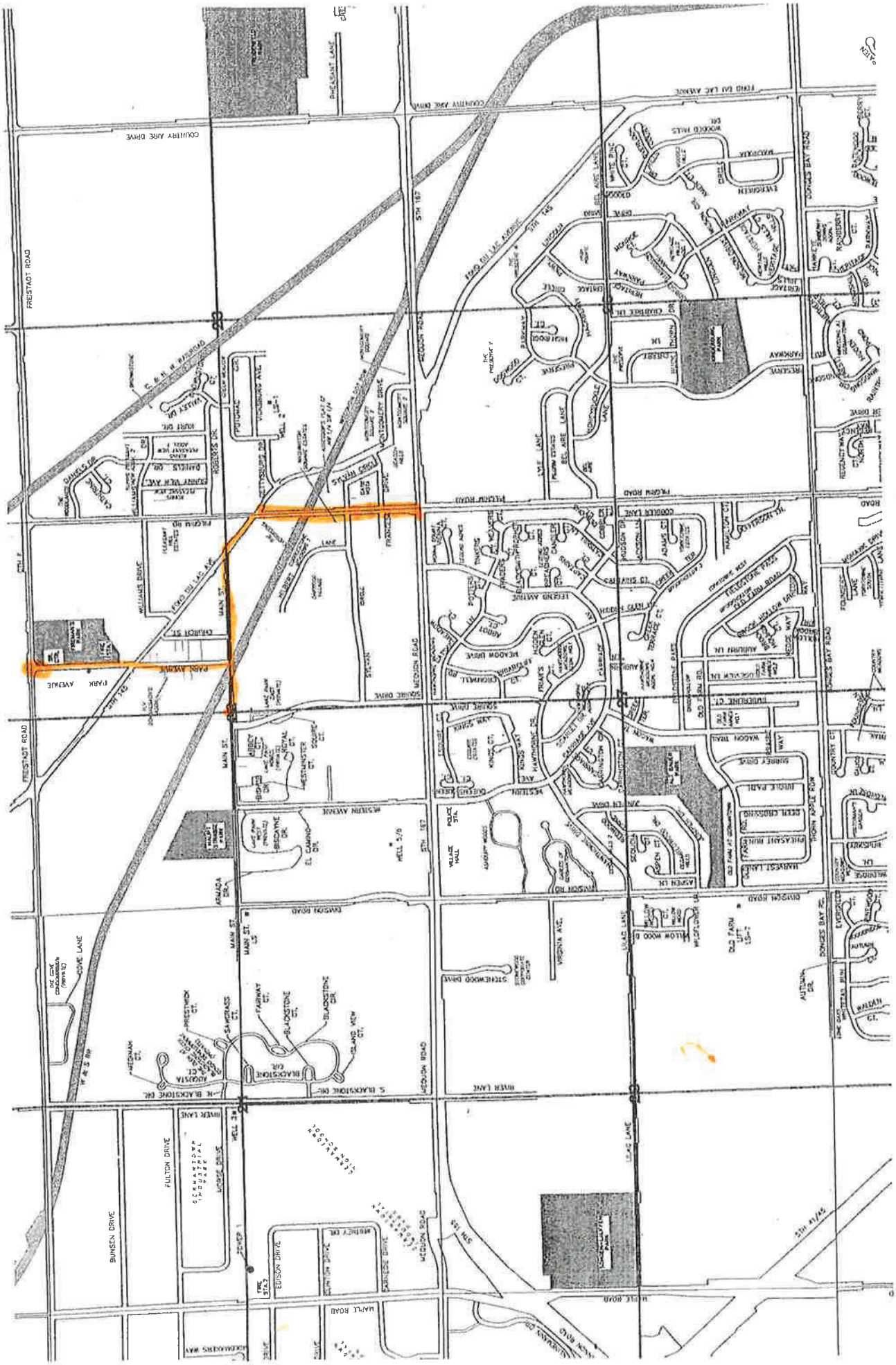
A CERTIFICATE OF INSURANCE must accompany application, showing that the applicant is covered by liability insurance by a company licensed to do business in Wisconsin in the amount of $300,000 for the injury or death of one person, $1,000,000 for any one accident and $50,000 for property damage.

I understand that there may be additional charges based on costs related to this event from the Police Department and the Department of Public Works.

06/06/2023	Village of Germantown	
Date	Sponsoring Organization	Signature of Authorized Applicant

*The application **WILL NOT** be processed unless all information and attachments are provided.*

USING A HIGHLIGHTER, TRACE THE ROUTE OF THE PROPOSED PARADE, WALK, RUN, ETC. ON THE MAP ON THE ATTACHED PAGE. Show the start (entry) and end (exit) points, And indicate progress with arrows.


FREISTADT ROAD
COUNTRY AIRE DRIVE
PHEASANT LANE
FOND DU LAC AVENUE
MEQUON ROAD
PILGRIM ROAD
DONGES BAY ROAD
MAIN ST.
WESTERN AVENUE
PARK AVENUE
RIVER LANE
LILAC LANE
BUNSEN DRIVE
FULTON DRIVE
EDISON DRIVE
MAPLE ROAD
STH 167
STH 145
STH 41/45

For Village Clerk's Office Use Only

Event: 4th of July Parade **Date of Event:** July 4th 2023

Department Approvals:

YES X NO ___ _____ Chief of Police Date

YES X NO ___ _____ Fire Chief Date

YES X NO ___ _____ Director of Public Works Date

Notification Sent for Informational Purposes:

Village President Date Sent: 06/06/2023

Village Administrator Date Sent: 06/06/2023

Clerk Date Sent: 06/06/2023

Captain Mike Snow Date Sent: 06/06/2023

Scott Anderson - DPW Date Sent: 06/06/2023

Permit Number: _____ Date Issued: _____

Teesa Hanke 06/13/2023

Signature of Village or Deputy Clerk Date

BUSINESS OF THE VILLAGE BOARD

MEETING DATE: June 26, 2023

PLACEMENT: Action Item

ITEM TITLE: Cancellation of July 3rd, 2023 Village Board Meeting

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

RECOMMENDATION:

ACTION BY Committee:

BUSINESS OF THE VILLAGE BOARD

MEETING DATE: June 26, 2023

PLACEMENT: Action Item

ITEM TITLE: Development Agreement with Sterling Pharma Solutions. The Village Board may go into closed session as per Wis. Stat. 19.85(1)(e) for the purpose of deliberating or negotiating, when competitive or bargaining reasons require a closed session, and then re-enter open session to take such action as it deems appropriate.

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

RECOMMENDATION:

ACTION BY Committee: